

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18976

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2413	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 45 yrs		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PASEO NURSING HOME				STREET ADDRESS (If rural, give location) 4429 WAYNE AVENUE			
3. NAME OF DECEASED (Type or Print) MINNIE		b. (Middle) E.		c. (Last) STACY		4. DATE OF DEATH (Month) (Day) (Year) JUNE - 3 - 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Nov. 19 - 1875	
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Michigan	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANK A. BRUCKNELL		13b. MOTHER'S MAIDEN NAME LIBBY SKELLENGE		14. NAME OF HUSBAND OR WIFE Edward Stacy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mr. Arthur J. Bicknell			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		45°	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1-55, 19, to 6-3-55, 19, that I last saw the deceased alive on 6-3-55, 19, and that death occurred at 1:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Frank Paul Laurenzana (Degree or title) MD				23b. ADDRESS 428 South White Ave		23c. DATE SIGNED 6-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JUNE 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 6-4-55		REGISTRAR'S SIGNATURE neva mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. Lawrence
4/7/56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *K C W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.